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Date: March 9, 2004

To: U.S. Patent & Trademark Office
Examiner: Zia, Mossadeq
Art Unit: 2134

Fax #: (703) 872-9306 Confirm#:

Client Matter#: SMY-219.01 (25087-21901)

From: Jeffrey M. Sears Sender's Number: 3022 User #:
Total Pages Sent (Including Cover Sheet): 4 Office: Boston

Message

OFFICIAL COMMUNICATION

Re: U.S. Patent Application No. 09/517,410
Filed: March 2, 2000
Attorney Docket No.: SMY-219.01 (25087-21901)

Dear Sir or Madam:

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1. Transmittal Form with Certificate of Facsimile Transmission (1 pg);
2. Revocation of Power of Attorney, Grant of New Power of Attorney, Change of Correspondence Address, and Change of Attorney Docket Number (2 pgs); and
3. This fax cover sheet (1 pg).

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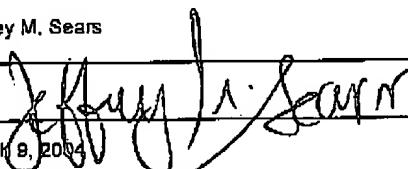
Total Number of Pages in This Submission

Application Number	09/517,410
Filing Date	March 2, 2000
First Named Inventor	Stephen R. Hanna
Group Art Unit	2134
Examiner Name	Zia, Mossadeq
Total Number of Pages in This Submission	4
Attorney Docket Number	SMY-219.01 (25087-21901)

ENCLOSURES (check all that apply)

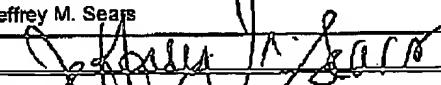
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Appointment of Power of Attorney and Revocation of Prior Powers <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> Fax Cover Sheet.
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Jeffrey M. Sears		
Signature			
Date	March 9, 2004		

CERTIFICATE OF MAILING

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Typed or printed name	Jeffrey M. Sears		
Signature			
Date	March 9, 2004		

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